

EXHIBIT 1
(FCC Form 603, Item No. 85)

Part 101 Local Multipoint Distribution Service (LD) Authorizations

WPLM325
WPLM326
WPLM327
WPLM328
WPLM329
WPLM330
WPLM331
WPLM332

EXHIBIT 2

(FCC Form 603, Questions 34-43 and 59-68)

CONTACT REPRESENTATIVE INFORMATION

The contact representative for the Transferor is as follows:

- | | |
|---------------------------------------|------------------------|
| 34) Elridge A. Stafford, Esq. | 39) DC |
| 35) U S WEST, Inc. | 40) 20036-6101 |
| 36) N/A | 41) (202) 429-3134 |
| 37) 1020 19th Street, N.W., Suite 700 | 42) (202) 296-5157 |
| 38) Washington | 43) estaffo@uswest.com |

The contact representative for the Transferee is as follows:

- | | |
|---|---------------------------------|
| 59) Genevieve Morelli, Esq. | 64) VA |
| 60) Qwest Communications International Inc. | 65) 22203 |
| 61) N/A | 66) (703) 363-0220 |
| 62) 4250 North Fairfax Drive | 67) (703) 363-3750 |
| 63) Arlington | 68) genevieve.morelli@qwest.com |

Copies of all communications should go to:

Mace J. Rosenstein, Esq.
Hogan & Hartson L.L.P.
555 Thirteenth Street, N.W.
Washington, D.C. 20004
Phone: (202) 637-5600
Fax: (202) 637-5910
Email: mjrosenstein@hhlaw.com

Kathryn A. Zachem, Esq.
Wilkinson Barker Knauer, LLP
2300 N Street, N.W.
Washington, D.C. 20037
Phone: (202) 783-4141
Fax: (202) 783-5851
Email: kzachem@wbklaw.com

FCC Wireless Telecommunications Bureau
Application for Assignments of Authorization
and Transfers of Control

1) Application Purpose (Select only one) (TC)

| | | |
|---|-----------------------------------|--|
| AA - Assignment of Authorization TC - Transfer of Control | AM - Amendment WD - Withdrawal | NT - Required Notification (for Consummation of Assignment or Transfer) EX - Request for Extension of Time (to Consummate Assignment or Transfer) |
| 2a) If this request is for an Amendment or Withdrawal, enter the File Number of the pending application currently on file with the FCC. | | File Number: N/A |
| 2b) File numbers of related pending applications currently on file with the FCC: See Exhibit 1 | | |

Type of Transaction

| | |
|---|----------------|
| 3a) Is this a <i>pro forma</i> assignment of authorization or transfer of control? | (N) Yes No |
| 3b) If the answer to Item 3a is 'yes', is this a notification of a <i>pro forma</i> transaction being filed under the Commission's forbearance procedures for telecommunications licenses? | N/A () Yes No |
| 4) For assignments of authorization only, is this a partition and/or disaggregation? | N/A () Yes No |
| 5) Does this filing request a waiver of the Commission's rules? | (N) Yes No |
| 6) Are attachments being filed with this application? | (Y) Yes No |
| 7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor (e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? | (Y) Yes No |
| 7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? | (Y) Yes No |

Transaction Information

| |
|--|
| 8) How will the assignment of authorization or transfer of control be accomplished? Select One: (S) |
| <p>Sale or other assignment or transfer of stock Court Order</p> <p>Other (voting trust agreement, management contract, etc.): _____</p> <p>If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc. See Main Pleading filed as a cover to the instant application</p> |
| 9) The assignment of authorization or transfer of control of license is: (V) Voluntary Involuntary |

Licensee/Assignor Information

| | | | |
|--|------------------|--|----------------|
| 10a) Taxpayer Identification Number: 840273800 | | 10b) SSIN: N/A | |
| 11) First Name (if individual): N/A | MI: N/A | Last Name: N/A | Suffix: N/A |
| 12) Entity Name (if not an individual): U S WEST Communications, Inc. | | | |
| 13) Attention To: Elridge A. Stafford | | | |
| 14) P.O. Box: N/A | And /Or | 15) Street Address: 1020 19th Street, NW, Suite 700 | |
| 16) City: Washington | 17) State: DC | 18) Zip: 20036-6101 | |
| 19) Telephone Number: 202/429-3134 | | 20) FAX: 202/296-5157 | |
| 21) E-Mail Address: estaffo@uswest.com | | | |

22) Race, Ethnicity, and Gender of Assignor/Licensee (Optional):

| | | | | | |
|-------------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| Race: | American Indian or Alaska Native: | Asian: | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| Ethnicity: | Hispanic or Latino: | Not Hispanic or Latino: | | | |
| Gender: | Female: | Male: | | | |

Transferor Information (for transfers of control only)

| | | | | | |
|---|--|------------|--|------------------------|----------------|
| 23a) Taxpayer Identification Number: 840953188 | | | 23b) SGIN N/A | | |
| 24) First Name (if individual): N/A | | MI: N/A | Last Name: N/A | | Suffix: N/A |
| 25) Entity Name (if other than individual): U S WEST, Inc. | | | | | |
| 26) P.O. Box: N/A | | And /Or | 27) Street Address: 1020 19th Street, N.W., Suite 700 | | |
| 28) City: Washington | | | 29) State: DC | 30) Zip: 20036-6101 | |
| 31) Telephone Number: 202/429-3134 | | | 32) FAX: 202/296-5157 | | |
| 33) E-Mail Address: estaffo@uswest.com | | | | | |

Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)

| | | | | | |
|----------------------------------|--|---------|---------------------|----------|---------|
| 34) First Name: See Exhibit 2 | | MI: | Last Name: | | Suffix: |
| 35) Company Name: | | | | | |
| 36) P.O. Box: | | And /Or | 37) Street Address: | | |
| 38) City: | | | 39) State: | 40) Zip: | |
| 41) Telephone Number: | | | 42) FAX: | | |
| 43) E-Mail Address: | | | | | |

Assignee/Transferee Information

| | | | | | |
|--|--|------------|-------------------|--|----------------|
| 44) Assignee is a(n): (C) Individual Corporation Unincorporated Association Trust Government Entity Joint Venture Corporation Limited Liability Corporation Partnership Consortium | | | | | |
| 45a) Taxpayer Identification Number: 841339282 | | | 45b) SGIN N/A | | |
| 46) First Name (if individual): N/A | | MI: N/A | Last Name: N/A | | Suffix: N/A |
| 47) Entity Name (if other than individual): Qwest Communications International Inc. | | | | | |
| 48) Name of Real Party in Interest: N/A | | | 49) TIN N/A | | |
| 50) Attention To: Genevieve Morelli, Esq. | | | | | |

| | | |
|--|--------------------------|---|
| 51) P.O. Box N/A | And /Or | 52) Street Address: 1801 California Street |
| 53) City: Denver | 54) State: CO | 55) Zip: 80202 |
| 56) Telephone Number: 303/992-1400 | 57) FAX: 303/992-1490 | |
| 58) E-Mail Address: genevieve.morelli@qwest.com | | |

Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

| | | | |
|----------------------------------|------------|---------------------|---------|
| 59) First Name: See Exhibit 2 | MI: | Last Name: | Suffix: |
| 60) Company Name: | | | |
| 61) P.O. Box | And /Or | 62) Street Address: | |
| 63) City: | 64) State: | 65) Zip: | |
| 66) Telephone Number: | 67) FAX: | | |
| 68) E-Mail Address: | | | |

Alien Ownership Questions

| | |
|---|-------------|
| 69) Is the Assignee or Transferee a foreign government or the representative of any foreign government? | (N)Yes No |
| 70) Is the Assignee or Transferee an alien or the representative of an alien? | (N)Yes No |
| 71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government? | (N)Yes No |
| 72) Is the Assignee or Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? | (N)Yes No |
| 73) Is the Assignee or Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control. | (N)Yes No |

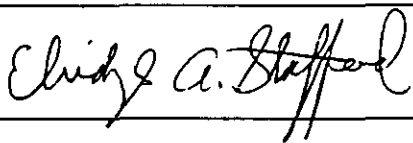
Basic Qualification Questions

| | |
|--|-------------|
| 74) Has the Assignee or Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances. | (N)Yes No |
| 75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances. | (N)Yes No |
| 76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? If 'Yes', attach exhibit explaining circumstances. | (N)Yes No |
| 77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances. | (N)Yes No |

78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| | | | | | |
|-------------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| Race: | American Indian or Alaska Native: | Asian: | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| Ethnicity: | Hispanic or Latino: | Not Hispanic or Latino: | | | |
| Gender: | Female: | Male: | | | |

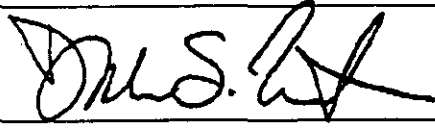
Assignor/Transferor Certification Statements

| | | | |
|---|-----|------------|------------------------------|
| 1) The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See <i>Memorandum Opinion and Order</i> , 13 FCC Rcd. 6293 (1998). | | | |
| 2) The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith. | | | |
| 79) Typed or Printed Name of Party Authorized to Sign | | | |
| First Name: | MI: | Last Name: | Suffix |
| Elridge | A. | Stafford | Esq. |
| 80) Title: Authorized Employee | | | |
| Signature:  | | | 81) Date: August 19, 1999 |

Assignee/Transferee Certification Statements

| |
|---|
| 1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See <i>Memorandum Opinion and Order</i> , 13 FCC Rcd. 6293 (1998). |
| 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. |
| 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule. * If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request. |
| 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment. |
| 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith. |
| 6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification. |
| 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules. |

82) Typed or Printed Name of Party Authorized to Sign

| | | | |
|--|-----|------------|------------------------------|
| First Name: | MI: | Last Name: | Suffix |
| Drake | S. | Tempest | Esq. |
| 83) Title: Executive Vice President | | | |
| Signature:  | | | 84) Date: August 19, 1999 |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). | | | |

Authorizations To Be Assigned or Transferred

[illegible]

EXHIBIT 1
(FCC Form 603, Question 2(b) and Item No. 85)

Part 101 Point-to-Point Microwave (CF)
AUTHORIZATIONS AND PENDING APPLICATIONS

KAC80
KAH90
KAJ75
KAJ78
KAJ79
KAK37
KAK38
KAM33
KAN25
KAN32
KAN78
KAN79
KAN80
KAN84
KAQ85
KAS72
KAU55
KAU56
KAU57
KAU58
KAU59
KAU60
KAU67
KAU68
KAV47
KAV48
KAX33
KAX41
KAX42
KAX43

KAY67
KBC41
KBC79
KBC80
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KBD20
KBD27
KBD28
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KBI49
KBI55
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KFC86
KFD31
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KKL83
KKU71
KKU75
KKU83
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KLD48
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KLD51
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KLF82
KLF83
KLF84
KLO88

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KOA98
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KOJ87
KOJ91
KOJ92
KOJ93
KOJ95
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KOM53
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KOQ80
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KXR40
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KYC37
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KYJ79
KYN99
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KYO45
KYO46

KYO85
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KYS23
KYS33
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KYS67
KYS71
KYS96
KYZ76
KZA51
KZA53
KZI20
KZS82
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WAH491
WAH591
WAH623
WAH624
WAH665
WAH673
WAH675
WAH676
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WBO44
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WFI799
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WGW351
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WGX591
WGX593
WHA500
WHB65
WHB70
WHB71
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WHE246
WHE252
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WHO759
WHO762
WHO764
WHO776
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WHQ470
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WLA717
WLB731
WLC625
WLC646
WLC943
WLC944
WLK820
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WLM457
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WLM549
WLM562
WLM648
WLN280
WLN378
WLN407
WLN408
WLN871
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WLR547
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WLR683

WLT591
WLT595
WLT599
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WLT764
WLT935
WLT936
WLT938
WLT939
WLT940
WLU428
WLU429
WLU441
WLU442
WLU950
WLU951
WLU957
WLU960
WLU981
WLU982
WLV201
WLV203
WMI714
WMI736
WMI744
WMI748
WMI795
WMI796
WMM479
WMM840
WMN603
WMQ296
WMQ301
WMQ330
WMQ411
WMQ532
WMQ964
WMR322

WMR770
WMS241
WMS296
WMS879
WMS979
WMS985
WMS986
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WPE72
WPE73
WPF84
WPF90
WPF91
WPJA764
WPJA765
WPJC735
WPJD327
WPJD328
WPJE670
WPJF576
WPJF577
WPNA629
WPNA630
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WPNB334
WPNB557
WPNB558
WPNB601
WPNB604
WPNC546
WPNC694
WPNE975
WPNG395
WPNG439
WPNH409
WPNM637
WPNM638

WPNM639
WPOS350
WPW76
WPX91
WPX93
WPY23
WQN43
WQP65
WQP67
WQP68
WQP70
WQP71

U S WEST Communications, Inc. Pending Point-to-Point Microwave Applications

| <i>CALL SIGN</i> | <i>STATE</i> | <i>STATION NAME</i> | <i>FILE NO.</i> |
|-----------------------------|---------------------|--------------------------------|------------------------|
| KPY57 | AZ | Grnd Cnyn | 9902390 |
| KPY70 | AZ | Bill Wms Mt | 9902389 |
| KPX68 | AZ | Wmt Ord | 9902398 |
| KPX69 | AZ | Payson | 9902399 |
| WFY581 | WY | Divide | 9902535 |

EXHIBIT 2

(FCC Form 603, Questions 34-43 and 59-68)

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| 37) 1020 19th Street, N.W., Suite 700 | 42) (202) 296-5157 |
| 38) Washington | 43) estaffo@uswest.com |

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| 60) Qwest Communications International Inc. | 65) 22203 |
| 61) N/A | 66) (703) 363-0220 |
| 62) 4250 North Fairfax Drive | 67) (703) 363-3750 |
| 63) Arlington | 68) genevieve.morelli@qwest.com |

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Mace J. Rosenstein, Esq.
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555 Thirteenth Street, N.W.
Washington, D.C. 20004
Phone: (202) 637-5600
Fax: (202) 637-5910
Email: mjrosenstein@hhlaw.com

Kathryn A. Zachem, Esq.
Wilkinson Barker Knauer, LLP
2300 N Street, N.W.
Washington, D.C. 20037
Phone: (202) 783-4141
Fax: (202) 783-5851
Email: kzachem@wbklaw.com

FCC Wireless Telecommunications Bureau
Application for Assignments of Authorization
and Transfers of Control

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|---|----------------|
| 3a) Is this a <i>pro forma</i> assignment of authorization or transfer of control? | (N) Yes No |
| 3b) If the answer to Item 3a is 'yes', is this a notification of a <i>pro forma</i> transaction being filed under the Commission's forbearance procedures for telecommunications licenses? | N/A () Yes No |
| 4) For assignments of authorization only, is this a partition and/or disaggregation? | N/A () Yes No |
| 5) Does this filing request a waiver of the Commission's rules? | (N) Yes No |
| 6) Are attachments being filed with this application? | (Y) Yes No |
| 7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor (e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? | (Y) Yes No |
| 7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? | (Y) Yes No |

Transaction Information

| |
|---|
| 8) How will the assignment of authorization or transfer of control be accomplished? Select One: (S) |
| <input checked="" type="checkbox"/> Sale or other assignment or transfer of stock <input type="checkbox"/> Court Order |
| Other (voting trust agreement, management contract, etc.): _____ |
| If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc. See Main Pleading filed as a cover to the instant application |
| 9) The assignment of authorization or transfer of control of license is: (V) Voluntary Involuntary |

Licensee/Assignor Information

| | | | |
|---|------------|--|------------------------|
| 10a) Taxpayer Identification Number: 841411138 | | 10b) SGIN: N/A | |
| 11) First Name (if individual): N/A | MI: N/A | Last Name: N/A | Suffix: N/A |
| 12) Entity Name (if not an individual): U S WEST Wireless, LLC | | | |
| 13) Attention To: Elridge A. Stafford | | | |
| 14) P.O. Box: N/A | And /Or | 15) Street Address: 1020 19th Street, NW, Suite 700 | |
| 16) City: Washington | | 17) State: DC | 18) Zip: 20036-6101 |
| 19) Telephone Number: 202/429-3134 | | 20) FAX: 202/296-5157 | |
| 21) E-Mail Address: estaffo@uswest.com | | | |

22) Race, Ethnicity, and Gender of Assignor/Licensee (Optional):

| | | | | | |
|-------------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| Race: | American Indian or Alaska Native: | Asian: | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| Ethnicity: | Hispanic or Latino: | Not Hispanic or Latino: | | | |
| Gender: | Female: | Male: | | | |

Transferor Information (for transfers of control only)

| | | | | | |
|---|--|------------|--|--|------------------------|
| 23a) Taxpayer Identification Number: 840953188 | | | 23b) SGIN N/A | | |
| 24) First Name (if individual): N/A | | MI: N/A | Last Name: N/A | | Suffix: N/A |
| 25) Entity Name (if other than individual): U S WEST, Inc. | | | | | |
| 26) P.O. Box: N/A | | And /Or | 27) Street Address: 1020 19th Street, N.W., Suite 700 | | |
| 28) City: Washington | | | 29) State: DC | | 30) Zip: 20036-6101 |
| 31) Telephone Number: 202/429-3134 | | | 32) FAX: 202/296-5157 | | |
| 33) E-Mail Address: estaffo@uswest.com | | | | | |

Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)

| | | | | | |
|----------------------------------|--|---------|---------------------|--|----------|
| 34) First Name: See Exhibit 2 | | MI: | Last Name: | | Suffix: |
| 35) Company Name: | | | | | |
| 36) P.O. Box: | | And /Or | 37) Street Address: | | |
| 38) City: | | | 39) State: | | 40) Zip: |
| 41) Telephone Number: | | | 42) FAX: | | |
| 43) E-Mail Address: | | | | | |

Assignee/Transferee Information

| | | | | | | |
|--|--|------------------------|---|-------------------|------------------------------|---------------|
| 44) Assignee is a(n): (C) | | Individual Corporation | Unincorporated Association Limited Liability Corporation | Trust Partnership | Government Entity Consortium | Joint Venture |
| 45a) Taxpayer Identification Number: 841339282 | | | 45b) SGIN N/A | | | |
| 46) First Name (if individual): N/A | | MI: N/A | Last Name: N/A | | Suffix: N/A | |
| 47) Entity Name (if other than individual): Qwest Communications International Inc. | | | | | | |
| 48) Name of Real Party in Interest: N/A | | | | | 49) TIN N/A | |
| 50) Attention To: Genevieve Morelli, Esq. | | | | | | |

| | | |
|--|--------------------------|---|
| 51) P.O. Box: N/A | And /Or | 52) Street Address: 1801 California Street |
| 53) City: Denver | 54) State: CO | 55) Zip: 80202 |
| 56) Telephone Number: 303/992-1400 | 57) FAX: 303/992-1490 | |
| 58) E-Mail Address: genevieve.morelli@qwest.com | | |

Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

| | | | |
|----------------------------------|------------|---------------------|---------|
| 59) First Name: See Exhibit 2 | MI: | Last Name: | Suffix: |
| 60) Company Name: | | | |
| 61) P.O. Box | And /Or | 62) Street Address: | |
| 63) City: | 64) State: | 65) Zip: | |
| 66) Telephone Number: | 67) FAX: | | |
| 68) E-Mail Address: | | | |

Alien Ownership Questions

| | |
|---|--------------|
| 69) Is the Assignee or Transferee a foreign government or the representative of any foreign government? | (N) Yes No |
| 70) Is the Assignee or Transferee an alien or the representative of an alien? | (N) Yes No |
| 71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government? | (N) Yes No |
| 72) Is the Assignee or Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country? | (N) Yes No |
| 73) Is the Assignee or Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control. | (N) Yes No |

Basic Qualification Questions

| | |
|--|--------------|
| 74) Has the Assignee or Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances. | (N) Yes No |
| 75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances. | (N) Yes No |
| 76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? If 'Yes', attach exhibit explaining circumstances. | (N) Yes No |
| 77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances. | (N) Yes No |

78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| | | | | | |
|------------|-----------------------------------|-------------------------|----------------------------|--|--------|
| Race: | American Indian or Alaska Native: | Asian: | Black or African-American: | Native Hawaiian or Other Pacific Islander: | White: |
| Ethnicity: | Hispanic or Latino: | Not Hispanic or Latino: | | | |
| Gender: | Female: | Male: | | | |


Assignor/Transferor Certification Statements

- 1) The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See *Memorandum Opinion and Order*, 13 FCC Rcd. 6293 (1998).
- 2) The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

79) Typed or Printed Name of Party Authorized to Sign

| | | | |
|-------------|-----|------------|---------|
| First Name: | MI: | Last Name: | Suffix: |
| Elridge | A. | Stafford | Esq. |


80) Title:
Authorized Employee

| | |
|--|------------------------------|
| Signature:  | 81) Date: August 19, 1999 |
|--|------------------------------|

Assignee/Transferee Certification Statements

- 1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See *Memorandum Opinion and Order*, 13 FCC Rcd. 6293 (1998).
- 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*
* If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

82) Typed or Printed Name of Party Authorized to Sign

| | | | |
|--|-----|------------|------------------------------|
| First Name: | MI: | Last Name: | Suffix: |
| Drake | S. | Tempest | Esq. |
| 83) Title: Executive Vice President | | | |
| Signature:  | | | 84) Date: August 19, 1999 |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). | | | |

Authorizations To Be Assigned or Transferred

[illegible]

EXHIBIT 1
(FCC Form 603,Item No. 85)

Part 101 Point-to-Point Microwave (CF) Authorizations

WPOS382
WPOS404
WPOS405
WPOS406
WPOS407
WPOS408
WPOS409
WPOS410
WPOS411
WPOS413
WPOS414
WPOS416

EXHIBIT 2

(FCC Form 603, Questions 34-43 and 59-68)

CONTACT REPRESENTATIVE INFORMATION

The contact representative for the Transferor is as follows:

| | | | |
|-----|-----------------------------------|-----|--------------------|
| 34) | Elridge A. Stafford, Esq. | 39) | DC |
| 35) | U S WEST, Inc. | 40) | 20036-6101 |
| 36) | N/A | 41) | (202) 429-3134 |
| 37) | 1020 19th Street, N.W., Suite 700 | 42) | (202) 296-5157 |
| 38) | Washington | 43) | estaffo@uswest.com |

The contact representative for the Transferee is as follows:

| | | | |
|-----|---|-----|-----------------------------|
| 59) | Genevieve Morelli, Esq. | 64) | VA |
| 60) | Qwest Communications International Inc. | 65) | 22203 |
| 61) | N/A | 66) | (703) 363-0220 |
| 62) | 4250 North Fairfax Drive | 67) | (703) 363-3750 |
| 63) | Arlington | 68) | genevieve.morelli@qwest.com |

Copies of all communications should go to:

Mace J. Rosenstein, Esq.
Hogan & Hartson L.L.P.
555 Thirteenth Street, N.W.
Washington, D.C. 20004
Phone: (202) 637-5600
Fax: (202) 637-5910
Email: mjrosenstein@hhlaw.com

Kathryn A. Zachem, Esq.
Wilkinson Barker Knauer, LLP
2300 N Street, N.W.
Washington, D.C. 20037
Phone: (202) 783-4141
Fax: (202) 783-5851
Email: kzachem@wbklaw.com

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION



PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE
(This application must be filed before Transfer of Control takes place)

| | | | |
|--|------------------------------|---|-------------------------|
| 1. (a) Name of corporate licensee U S WEST Communications, Inc. | | | |
| (b) Number and street address 1020 19th Street, N.W., Suite 700 | | | |
| (c) City Washington | (d) State DC | (e) ZIP Code 20036-6101 | |
| 2. Internet address: estaffo@uswest.com | | 3. Taxpayer Identification Number 840273800 | |
| 4. Call sign and radio service of each station WA2XAW WA2XMX | | | |
| 5. (a) Fee Type Code EAE | (b) Fee Multiple 2 | (c) Fee Due \$ 90.00 | FOR FCC USE ONLY |
| 6. Name(s) and Address(es) of Transferee Qwest Communications International Inc. | | | |
| 7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3. | | | YES Y NO |
| 8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3. | | | YES NO N |
| 9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL: | | | |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6. | | | YES NO |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6. | | | YES NO |
| (c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below. | | | YES NO |
| (d) What is the name and address of the corporation in immediate control? | | | YES NO |
| (e) Under the laws of what State or Country is the controlling corporation organized? | | | YES NO |
| (f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3. | | | YES NO |
| (g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien. | | | YES NO |
| (h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h). | | | YES NO |
| CERTIFICATION <ul style="list-style-type: none">• Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;• Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;• Neither applicant nor any member thereof is a foreign government or representative thereof;• Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;• Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. | | | |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503). | | | |
| SIGNATURE <i>Elaido A. Staffo</i> Authorized Employee of Licensee Corporation | | DATE August 19, 1999 | |
| SIGNATURE <i>[Signature]</i> Transferee of Control (Check one) | | DATE August 19, 1999 | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____ | | | |

DETAILS / ADDITIONAL INFORMATION:

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION

1. Name and mailing address of corporate licensee

U S WEST Communications, Inc.
1801 California Street
Denver, CO 80202

2. Call sign and radio service of each station

WA2XAW
WA2XXM

DO NOT WRITE IN THIS BLOCK

CONDITIONS OF GRANT

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:

**FEDERAL
COMMUNICATIONS
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH
CORPORATION'S RADIO STATION RECORDS**

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION



PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE
(This application must be filed before Transfer of Control takes place)

| | | | |
|--|------------------------------|---|-----------------------------------|
| 1.(a) Name of corporate licensee U S WEST Wireless, LLC | | | |
| (b) Number and street address 1020 19th Street, N.W., Suite 700 | | | |
| (c) City Washington | | (d) State DC | (e) ZIP Code 20036-6101 |
| 2. Internet address: estaffo@uswest.com | | 3. Taxpayer Identification Number 840273800 | |
| 4. Call sign and radio service of each station WA8XAW | | | |
| 5.(a) Fee Type Code EAE | (b) Fee Multiple 1 | (c) Fee Due \$ 45.00 | FOR FCC USE ONLY |
| 6. Name(s) and Address(es) of Transferee Qwest Communications International Inc. | | | |
| 7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3. | | | YES Y NO |
| 8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3. | | | YES NO N |
| 9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL: | | | |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6. | | | YES NO |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6. | | | YES NO |
| (c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below. | | | YES NO |
| (d) What is the name and address of the corporation in immediate control? | | | YES NO |
| (e) Under the laws of what State or Country is the controlling corporation organized? | | | YES NO |
| (f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3. | | | YES NO |
| (g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien. | | | YES NO |
| (h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h). | | | YES NO |
| CERTIFICATION <ul style="list-style-type: none">• Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;• Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;• Neither applicant nor any member thereof is a foreign government or representative thereof;• Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;• Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. | | | |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503). | | | |
| SIGNATURE <i>Elinda A. Staffo</i> Authorized Employee of Licensee Corporation | | DATE August 19, 1999 | |
| SIGNATURE <i>[Signature]</i> Transferee of Control (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): | | DATE August 19, 1999 | |

DETAILS / ADDITIONAL INFORMATION:

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION

1. Name and mailing address of corporate licensee

U S WEST Wireless, LLC
1801 California Street
Denver, CO 80202

2. Call sign and radio service of each station

WA8XAW

DO NOT WRITE IN THIS BLOCK

CONDITIONS OF GRANT

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:

**FEDERAL
COMMUNICATIONS
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH
CORPORATION'S RADIO STATION RECORDS**

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3060-0589

REMITTANCE ADVICE

PAGE NO. 1 OF 8

(1) LOCKBOX # **358325**

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Hogan & Hartson

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ **50,925.00**

(4) STREET ADDRESS LINE NO. 1

c/o Mace J. Rosenstein

(5) STREET ADDRESS LINE NO. 2

555 Thirteenth Street, NW

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20004

(9) DAYTIME TELEPHONE NUMBER (include area code)

(202) 637-5600

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B

IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

U S WEST Communications, Inc.

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

E A E

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

45.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

C G R

(21B) QUANTITY

1

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

135.00

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

C A R

(21C) QUANTITY

28

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

1,260.00

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

P A T M

(21D) QUANTITY

15

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

675.00

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0 5 3 0 0 8 4 7 0 4

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0 8 4 0 2 7 3 8 0 0

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, (PRINT NAME), Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD
for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 2 OF 8~~USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT~~

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

U S WEST Communications, Inc.

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

~~IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE~~

SECTION CC - PAYMENT INFORMATION

| | | | | |
|------------------------------|-------------------------------|------------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | P A T M | 272 | \$ 12,240.00 | |
| (23A) FCC CODE 1 | | (24A) FCC CODE 2 | | |
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | C C P M | 1 | \$ 75.00 | |
| (23B) FCC CODE 1 | | (24B) FCC CODE 2 | | |
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | C A P M | 548 | \$ 24,660.00 | |
| (23C) FCC CODE 1 | | (24C) FCC CODE 2 | | |
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | C U T | 1 | \$ 780.00 | |
| (23D) FCC CODE 1 | | (24D) FCC CODE 2 | | |

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 8 4 0 2 7 3 8 0 0

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 3 OF 8**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT****SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

U S WEST Wireless, LLC

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE**SECTION CC - PAYMENT INFORMATION**

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | C A P M | 12 | \$ 540.00 | |

(23A) FCC CODE 1

(24A) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | P A T M | 2 | \$ 90.00 | |

(23B) FCC CODE 1

(24B) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | E A E | 1 | \$ 45.00 | |

(23C) FCC CODE 1

(24C) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | | | \$ | |

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN**0 8 4 1 4 1 1 1 3 8**

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 4 OF 8~~DO NOT USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT~~

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

US WEST Long Distance, Inc.

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

~~IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE~~

SECTION CC - PAYMENT INFORMATION

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | C U T | 1 | \$ 780.00 | |

(23A) FCC CODE 1

(24A) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | | | \$ | |

(23B) FCC CODE 1

(24B) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | | | \$ | |

(23C) FCC CODE 1

(24C) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | | | \$ | |

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 8 4 1 3 2 9 5 4 0

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 5 OF 8~~USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT~~

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

U S WEST Business Resources, Inc.

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

~~IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE~~

SECTION CC - PAYMENT INFORMATION

| | | | | |
|------------------------------|-------------------------------|------------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | P A T M | 4 | \$ 180.00 | |
| (23A) FCC CODE 1 | | (24A) FCC CODE 2 | | |
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | | | \$ | |
| (23B) FCC CODE 1 | | (24B) FCC CODE 2 | | |
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | | | \$ | |
| (23C) FCC CODE 1 | | (24C) FCC CODE 2 | | |
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | | | \$ | |
| (23D) FCC CODE 1 | | (24D) FCC CODE 2 | | |

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 8 4 0 9 3 3 6 9 0

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 6 OF 8~~USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT~~

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

Qwest Communications Corporation

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80802

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE

SECTION CC - PAYMENT INFORMATION

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | P A T M | 3 | \$ 135.00 | |

(23A) FCC CODE 1

(24A) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | C C P M | 1 | \$ 75.00 | |

(23B) FCC CODE 1

(24B) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | C U T | 1 | \$ 780.00 | |

(23C) FCC CODE 1

(24C) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | | | \$ | |

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 0 4 6 1 4 1 7 3 9

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 7 OF 8**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT****SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

Qwest Transmission, Inc.

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE**SECTION CC - PAYMENT INFORMATION**

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | C C P M | 1 | 75.00 | |

(23A) FCC CODE 1

(24A) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | C A P M | 166 | 7,470.00 | |

(23B) FCC CODE 1

(24B) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | | | | |

(23C) FCC CODE 1

(24C) FCC CODE 2

| | | | | |
|------------------------------|-------------------------------|----------------|--------------------------------------|--------------|
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | | | | |

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN**0 5 2 1 7 5 6 4 9 8**

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 8 OF 8~~USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT~~

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

LCI International Telecom Corp.

(12) STREET ADDRESS LINE NO. 1

1801 California Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Denver

(15) STATE

Colorado

(16) ZIP CODE

80202

(17) DAYTIME TELEPHONE NUMBER (include area code)

(303) 992-1400

(18) COUNTRY CODE (if not in U.S.A.)

~~IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE~~

SECTION CC - PAYMENT INFORMATION

| | | | | |
|------------------------------|-------------------------------|------------------|--------------------------------------|--------------|
| (19A) FCC CALL SIGN/OTHER ID | (20A) PAYMENT TYPE CODE (PTC) | (21A) QUANTITY | (22A) FEE DUE FOR (PTC) IN BLOCK 20A | FCC USE ONLY |
| | C C P M | 1 | \$ 75.00 | |
| (23A) FCC CODE 1 | | (24A) FCC CODE 2 | | |
| (19B) FCC CALL SIGN/OTHER ID | (20B) PAYMENT TYPE CODE (PTC) | (21B) QUANTITY | (22B) FEE DUE FOR (PTC) IN BLOCK 20B | FCC USE ONLY |
| | C A P M | 18 | \$ 810.00 | |
| (23B) FCC CODE 1 | | (24B) FCC CODE 2 | | |
| (19C) FCC CALL SIGN/OTHER ID | (20C) PAYMENT TYPE CODE (PTC) | (21C) QUANTITY | (22C) FEE DUE FOR (PTC) IN BLOCK 20C | FCC USE ONLY |
| | | | \$ | |
| (23C) FCC CODE 1 | | (24C) FCC CODE 2 | | |
| (19D) FCC CALL SIGN/OTHER ID | (20D) PAYMENT TYPE CODE (PTC) | (21D) QUANTITY | (22D) FEE DUE FOR (PTC) IN BLOCK 20D | FCC USE ONLY |
| | | | \$ | |
| (23D) FCC CODE 1 | | (24D) FCC CODE 2 | | |

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 3 9 1 4 5 5 8 0 3

CHECK NO. 231837 CHECK DATE 08/19/99 VENDOR NO. F07025

HOGAN & HARTSON L.L.P.

CHECK NO. 231837

231837 08/19/99 F07025

ATTORNEYS AT LAW
555 13TH STREET, N.W.
WASHINGTON, D.C. 20004

NATIONS BANK
WASHINGTON, D.C.

15.
54

FIFTY THOUSAND NINE HUNDRED TWENTY-FIVE AND 00/100

PAY
TO THE ORDER OF FEDERAL COMMUNICATIONS
COMMISSION

CHECK AMOUNT
50,925.00
AMOUNTS OVER \$500. REQUIRE TWO SIGNATURES
AUTHORIZED SIGNATURE

⑈231837⑈ ⑆054001204⑆ 002086539194⑈